City of Quincy, Massachusetts

THOMAS P. KOCH, MAYOR

DEPARTMENT OF HEALTH
440 East Squantum Street
Quincy, MA 02171

ANDREW SCHEELE
COMMISSIONER OF PUBLIC HEALTH

Telephone: (617) 376-1270
Fax: (617) 376-1271

Application for Body Art Facility License

Complete and return this form with $300.00 registration fee (made out to: *City of Quincy*) to:

Quincy Health Department
440 East Squantum Street
Quincy, MA 02171

Upon satisfactory review of the application and receipt of the license fee, a numbered facility license will be issued by the Quincy Health Department.

☐ **New Application** ☐ **Renewal**

1. Body Art Facility Name:_____

2. Body Art Facility Address:_____

3. Body Art Facility Telephone:_____

4. Mailing Address (if different):_____

5. Body Art Facility Applicant: _____

6. Address of Applicant:_____ **Phone:**_____

7. Name of Owner (if different form applicant):_____

8. If corporation or partnership, list name, title and home address of officers or partners:

Name	**Title**	**Home Address**

8. State of Incorporation:_____

9. Emergency Response Person: Name_____ **Home Phone:**_____

10. Facility License Type: ☐ **Body Piercing** ☐ **Scarification** ☐ **Tattooing** ☐ **Branding**

11. Facility Hours of Operation: Sunday -Thursday:_____ **Friday & Saturday:**_____

(Continued on back of page)

12. Provide the following:

- **A. Scaled plans and specifications of the proposed facility to demonstrate compliance with the Body Art Ordinance at time of original application and upon any change in facility layout.**
- **B. Present original and provide copy of Business Certificate issued by the City Clerk under the provisions of MGL c. 110 § 5**
- **C. Copy of Client Application and Consent Form for Body Art to be used within the Facility**
- **D. Copy of Aftercare Instructions to be used by all practitioners within the Facility**
- **E. Copy of Facility's Exposure Control Plan**
- **F. Name of waste hauler that services facility:**

  _____
- **G. Name of waste hauler that services facility for contaminated waste and sharps:**

  _____
- **H. Manufacturer, model #, model year & serial number of Autoclave or other approved sterilization unit:**

  _____

APPLICANT / BODY ART FACILITY LICENSEE STATEMENT OF CONSENT:

I understand that this registration expires on December 31 of this year. I understand that any notice required to be given by the Quincy Health Department to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Quincy Health Department. I have received a copy of the City of Quincy Ordinance on the Regulation of Body Art (Chapter 8.36). I agree to abide by these regulations and procedures. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

-Original Licenses for all Body Art Practitioners working in the facility, and
-Original License for Body Art Facility

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

_____ _____

Date Signature

_____

Name and Title (Print)

Office Use Only: Facility Inspection Date: _____

Inspector: _____

□ Approved, Effective Date:_____ License #:_____

Fee Paid: _____

□ Disapproved, Comment:_____